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324 7590 12/03/2008

JoAnn Villamizar
 Ciba Corporation/Patent Department
 540 White Plains Road
 P.O. Box 2005
 Tarrytown, NY 10591

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Andrea DeCecchis (Depositor's name)
 [Signature] (Signature)
 February 26, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/530,099

04/01/2005

Patrice Bujard

SE/2-22794/A/PCT

2615

TITLE OF INVENTION: INTERFERENCE PIGMENTS ON THE BASIS OF SILICON OXIDES

03/03/2009 EAREGAY2 00000013 031935 10530099

01 FC:1501

1510.00 DA

02 FC:1504

300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PUBLICATION FEE	TOTAL FEE DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$0

\$1810

03/03/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
ABU ALI, SHUANGYI	1793	106-481000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph C. Suhadolnik

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ciba Specialty Chemicals Corporation Tarrytown, N.Y.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1935 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

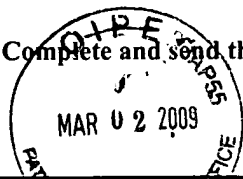
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Joseph C. Suhadolnik

56,880

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